

United Way Day of Caring STIPEND REQUEST FORM

To help agencies who have been matched with a group develop and implement their volunteer projects United Way is making available some limited resources to assist in covering any costs that might be incurred. Your form must be submitted to United Way for processing at least one month prior to the date of your United Way Days of Caring project unless other arrangements have been made with staff.

Stipend requests must take into consideration the number of requested volunteers and all corresponding food/supply costs associated with the proposed project. Stipends should be requested only for the costs your organization will incur to host the volunteers. Please keep in mind that while our goal is to meet all the supply needs at each site, there is a limited pool of funds for project stipends, so we may not be able to fulfill your entire request. Please try to be as frugal in your requests as possible. A good rule of thumb is that stipends costs should be **no** more than \$20 per volunteer.

In order to supply you with a stipend, the United Way must also receive a completed W9 form for your organization. After submitting your stipend request, please fax your W9 form to Days of Caring staff at 215-701-8187. **We cannot provide you with a stipend for your project if we don't have this form on file.**

INSTRUCTIONS:

This form is a writeable PDF. Please answer all the questions asked in their entirety. Once you have completed the form, click the submit button in the upper right hand corner of the screen to submit your completed form to the Days of Caring Staff. If you have technical difficulties with this form, contact Kate at khertzog@uwsepa.org

MAKE SURE TO:

- Provide all requested information – incomplete requests will not be accepted.
- Include an itemized project budget - make sure to take into consideration the number of volunteers and all corresponding supply costs associated with the proposed project.

PROJECT COORDINATOR/AGENCY HOST INFORMATION

Project Coordinator (name and title): _____

Host Organization: _____

Phone: _____ Project Coordinator Email: _____

STIPEND REQUEST

Amount requested: \$ _____

Project Date: _____

Number of volunteers (corporate) involved in your project: _____

Stipend Purpose:

How will a stipend would support or enhance your Days of Caring project(s)?

Itemized Budget **Requests submitted without an itemized budget will not will not be considered.**
Please use the space below to outline the budget for your project.

Questions/Technical Issues? khertzog@uwsepa.org 215-665-2460